FAX to 571-27 AN ESOND @ 4:40p+ -1,0107

	ž.	
	2 A	
DECT AVAILABLE COPY	•	PTO/\$8/81 (01-0
DEST AVAILABLE COT		Approved for use through 12/31/2008, OMB 0651-00;
Under the Paperwork Reduction Act of 1995, no persons are require		U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC
to to the course of the persons are require	20 to respond	10.9 Collection of information unless to dealers and acceptance

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

ired to respond to a coffection of infe	ormation unless it displays a valid OMB control number.
Application Number	10/8:0,993
Filing Date	03/26/2004
First Named Inventor	SEFIN S. FOX
Title	FLUORESCENT IMMEE COL
Art Unit	2884
Examiner Name	7.7.
Attorney Docket Number	- L1(= 0003P

			LIG GOOSP		
i hereby revoke a	all previous powers of attorney giver	n in the above-identified app	dication		
I hereby appoint:	I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:				
	associated with the Customer Number:				
OR					
Practitioner(s) named below:					
	Name	Registr	ration Number		
 			dionitalingo		
l					
 					
/ 					
as mylour attorney(s)					
Trademark Office conn	or agent(s) to prosecute the application ident inected therewith.	iffed above, and to transact all busi	iness in the United States Patent and		
Please recognize or change the correspondence address for the above-identified application to:					
The address associated with the above-mentioned Customer Number					
OR		ner Humber.			
The address	associated with Customer Number:				
OR	associated with Customer Number:				
Firm or	T .				
Individual Name					
City	684 Poinsettin	Para South			
Country	FUCINITIES	State CA	ZipC) 202.4		
Telephone	USW				
amothe: TGO 672 0677 Email /ty @ /ig/tu/s. (Un					
Applicant/Inventor.					
Assignee of red Statement und	ecord of the entire interest. See 37 CFR 3.71. der 37 CFR 3.73(b) is enclosed. (Form PTO/S	SB/96)			
SIGNATURE of Applicant or Assignee of Record					
Signature	27	7,	Date // FA. / Days		
Name	SOFIN 5 FUX		Date / 6 SAN 7.007 Telephone 760 6 32 06 77		
Title and Company			relephone /60 6 32 66 77		
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
Total of	forms are submitted.				
Chie collection of information	on it conticed by 27 CCD 4 64 4 66				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.